

Application Data Sheet

Application Information

Application number::	TBD
Filing Date::	03/15/04
Application Type::	Regular
Subject Matter::	Utility
Title::	TRIOSEPHOSPHATE ISOMERASE DIRECTED DIAGNOSTICS AND THERAPEUTICS FOR MULTIDRUG RESISTANT NEOPLASTIC DISEASE
Attorney Docket Number::	112418-151 (AUR-016US)
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	3B
Total Drawing Sheets::	4
Small Entity?::	Yes
Petition Included?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Canada
Status::	Full Capacity
Given Name::	Elias
Family Name::	Georges
City of Residence::	Laval
State or Province of Residence::	Quebec
Country of Residence::	Canada
Street of Mailing Address::	2095 De Vouvray

City of Mailing Address:: Laval
State or Province of Mailing Address:: Quebec
Country of Mailing Address:: Canada
Postal or Zip Code of Mailing Address:: H7M 3J7

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given Name:: Lucile
Family Name:: Serfass
City of Residence:: Montreal
State or Province of Residence:: Quebec
Country of Residence:: Canada
Street of Mailing Address:: 5291 de l'Esplanade
City of Mailing Address:: Montreal
State or Province of Mailing Address:: Quebec
Country of Mailing Address:: Canada
Postal or Zip Code of Mailing Address:: H2T 2Z6

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given Name:: Anne-Marie
Family Name:: Bonneau
City of Residence:: Laval
State or Province of Residence:: Quebec
Country of Residence:: Canada
Street of Mailing Address:: 2095 De Vouvray

City of Mailing Address:: Laval
 State or Province of Mailing Address:: Quebec
 Country of Mailing Address:: Canada
 Postal or Zip Code of Mailing Address:: H7M 3J7

Applicant Authority Type:: Inventor
 Primary Citizenship Country:: Canada
 Status:: Full Capacity
 Given Name:: Frédéric
 Family Name:: Dallaire
 City of Residence:: Montreal
 State or Province of Residence:: Quebec
 Country of Residence:: Canada
 Street of Mailing Address:: 4683 Mentana
 City of Mailing Address:: Montreal
 State or Province of Mailing Address:: Quebec
 Country of Mailing Address:: Canada
 Postal or Zip Code of Mailing Address:: H2J 3B7

Correspondence Information

Correspondence Customer Number:: 23483
 Phone Number:: 617-526-6192
 Fax Number:: 617-526-5000
 E-Mail address:: shann.kerner@haledorr.com

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	An application claiming the benefit under 35 USC 119(e)	60/455,005	March 14, 2003

Assignee Information

Assignee Name::

Aurelium BioPharma, Inc.